



Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd., Bldg. A, Ste. 1

Las Vegas, NV 89118

(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

PATIENT DISCLAIMER FORM

Release, Waiver and Authorization for Release of Confidential Information

Release and Waiver of Claims for Damages

Read this carefully. You are surrendering your rights.

Please print legibly.

I, _____ (Patient), in consideration of the free dental work to be performed for and upon me and my desire to assist candidates for the dental hygiene licensure examination ("Exam"), do hereby (1) allow candidates for said Exam to perform dental screening and/or dental and dental related procedures and (2) specifically release the state of Nevada, the Nevada State Board of Dental Examiners, the entities which develop or administer the Exam, and the University of Nevada Las Vegas (UNLV) School of Dental Medicine, and all their employees, agents, volunteers, or monitors of said entities, from any claims, damages, actions or causes of action which the undersigned now has or may have, whether or not now known or anticipated, arising out of or to arise out of, or connected with directly or indirectly the screening of patients, and the dental and related procedures to be performed upon me during the clinical examination at the UNLV School of Dental Medicine.

I am aware that the candidates who will perform dental work for and upon me are not presently licensed to practice dental hygiene in the State of Nevada and that, therefore, the Board of Dental Examiners has not yet made a determination as to whether the candidates possesses the requisite education, training, competence, and skill of a duly licensed dental hygienist in the State of Nevada. I agree that no representation nor warranties have been made by the State of Nevada, the Nevada State Board of Dental Examiners, the entities which develop or administer the Exam, or the UNLV School of Dental Medicine, or their employees, agents, volunteers, or monitors, regarding the character, competency or professional skill possessed by the candidates to perform any or all of the dental operations or procedures to which I am voluntarily submitting.

With full knowledge and understanding of the above and the consequent risks of accident, injuries or damage, I hereby release the State of Nevada, the Nevada State Board of Dental Examiners, the entities which develop or administer the Exam, the University of Nevada Las Vegas School of Dental Medicine and their employees, agents, volunteers, and monitors from the responsibility or liability for accidents, injuries, or damages I may suffer as a result of my participation in said screening and/or clinical examination.

Furthermore, I authorize _____ (Candidate) to release any and all of my records, reports, information, including dental radiographs, and any other information that he/she may possess to the State of Nevada and the Nevada State Board of Dental Examiners. I further authorize the State of Nevada and the Nevada State Board of Dental Examiners to release, if necessary,

such information to any and all appropriate entities including, but not limited to, the entities which develop or administer the Exam.

The nature and effect of the procedure(s) to be performed and the risks involved have been explained to me. I understand that additional treatment related to services rendered during this examination may be required.

DATED at Las Vegas, Nevada, _____, 20____.

Patient's Signature

Witness's Signature

Patient's Address

Witness's Address

Note: The witness may be anyone besides the candidate. The patient waiver form may be submitted at candidate check-in and orientation otherwise turned in when the candidate initially presents patient for a start check during the examination along with the other required paperwork.



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CANDIDATE DISCLAIMER FORM

Release and Indemnity Agreement

Read this carefully. You are surrendering your rights and assuming obligations.

Please print legibly.

I, _____ (Candidate), in consideration of being provided a location in which to be examined by the Nevada State Board of Dental Examiners, through its contracted developing and administering entities, do fully and forever release and discharge the University of Nevada Las Vegas School of Dental Medicine, the State of Nevada, the Nevada State Board of Dental Examiners, the entities which develop or administer the examination, and its employees, agents, volunteers, and monitors, military or civilian, from any and all claims in any way arising from any and all injuries, losses, and damages to person and property sustained or received while at the University of Nevada Las Vegas School of Dental Medicine to take said examination.

In further considerations of the provision of a location in which to be examined, I hereby agree to hold harmless and indemnify the University of Nevada Las Vegas School of Dental Medicine, the State of Nevada, the Nevada State Board of Dental Examiners the entities which develop or administer the examination, and its employees, agents, volunteers, and monitors, military or civilian, of and from any and all expense arising because of any claim which may hereafter be presented by anyone for loss and damage or personal injury as a result of my participation in said examination.

I declare that I fully understand the terms of this release and indemnity agreement.

DATED at Las Vegas, Nevada, _____, 20____.

Candidate's Signature

Witness's Signature

Candidate's Address

Witness's Address

Note: The candidate disclaimer form must be submitted at candidate check-in and Orientation.